

UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF Oregon

**Form 1. Notice of Appeal from a Judgment or Order of a
United States District Court**

U.S. District Court case number: 3:02-cv-00339-AN (lead), 3:21-cv-01637-AN

Notice is hereby given that the appellant(s) listed below hereby appeal(s) to the United States Court of Appeals for the Ninth Circuit.

Date case was first filed in U.S. District Court: 3/19/2002

Date of judgment or order you are appealing: 6/6/2025

Docket entry number of judgment or order you are appealing: 604

Fee paid for appeal? (*appeal fees are paid at the U.S. District Court*)

☒ Yes ☐ No ☐ IFP was granted by U.S. District Court

List all Appellants (*List each party filing the appeal. Do not use "et al." or other abbreviations.*)

Sejal Hathi, in her official capacity as Director of the Oregon Health Authority, and Sara Walker, in her official capacity as Interim Superintendent of the Oregon State Hospital

Is this a cross-appeal? ☐ Yes ☒ No

If yes, what is the first appeal case number?

Was there a previous appeal in this case? ☒ Yes ☐ No

If yes, what is the prior appeal case number? 02-35530

Your mailing address (if pro se):

City: State: Zip Code:

Prisoner Inmate or A Number (if applicable):

Signature /s/ Denise G. Fjordbeck

Date 6/17/2025

Complete and file with the attached representation statement in the U.S. District Court

Feedback or questions about this form? Email us at forms@ca9.uscourts.gov

**UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT**

Form 6. Representation Statement

Instructions for this form: <http://www.ca9.uscourts.gov/forms/form06instructions.pdf>

Appellant(s) *(List each party filing the appeal, do not use “et al.” or other abbreviations.)*

Name(s) of party/parties:

Sejal Hathi, in her official capacity as Director of the Oregon Health Authority,
and Sara Walker, in her official capacity as Interim Superintendent of the Oregon
State Hospital

Name(s) of counsel (if any):

Denise G. Fjordbeck

Address: 1162 Court Street NE, Salem, OR 97301

Telephone number(s): (503) 378-4402

Email(s): denise.fjordbeck@doj.oregon.gov

Is counsel registered for Electronic Filing in the 9th Circuit? ☒ Yes ☐ No

Appellee(s) *(List only the names of parties and counsel who will oppose you on appeal. List separately represented parties separately.)*

Name(s) of party/parties:

Disability Rights Oregon, Metropolitan Public Defender Services, Inc, and A.J.
Madison

Name(s) of counsel (if any):

Emily R. Cooper, Hanah F. Morin, Thomas Stenson, and David Boyer

Address: Disability Rights Oregon, 511 SW 10th Ave., Suite 200, Portland, OR 97

Telephone number(s): (503) 243-2081

Email(s): ecooper@droregon.org, hmorin@droregon.org, tstenon@droregon.org

To list additional parties and/or counsel, use next page.

Feedback or questions about this form? Email us at forms@ca9.uscourts.gov

Continued list of parties and counsel: *(attach additional pages as necessary)*

Appellants

Name(s) of party/parties:

Name(s) of counsel (if any):

Address:

Telephone number(s):

Email(s):

Is counsel registered for Electronic Filing in the 9th Circuit? ☐ Yes ☐ No

Appellees

Name(s) of party/parties:

Disability Rights Oregon, Metropolitan Public Defender Services, Inc, and A.J. Madison

Name(s) of counsel (if any):

Jesse A. Merrithew

Address: Levi Merrithew Horst PC, 610 SW Alder Street, Suite 415, Portland, OR

Telephone number(s): (971) 229-1241

Email(s): jesse@lmhlegal.com

Name(s) of party/parties:

Name(s) of counsel (if any):

Address:

Telephone number(s):

Email(s):

Feedback or questions about this form? Email us at forms@ca9.uscourts.gov